

Questions and Answers/January 4, 2008, Webinar

1. The last topic was also supposed to be the new Sound System Disorder criteria--new state norms. Did you answer this yet?

Answer: Yes, I touched upon the topic of the new state criteria for Sound System Disorder, in the first 15 minutes of the December 5 webinar.

2. Is the IMACS up and running...I have not been able to get on.

Answer: Yes, it is up and running. If you are having trouble, please contact our staff and they can walk you through.

3. What does the Governor's statement on more money for mental health services in schools mean?

Answer: I am not sure what the initiative will look like at this point. I think the Department of Mental Health is seeking ways to complement the services already being provided by schools, to ensure a more comprehensive approach.

4. Just as a reminder, you were going to discuss the eligibility criteria of Specific Learning Disability and the use of Full Scale IQ or the WISC-4's GAI?

Answer: I apologize; I forgot that I promised I would cover this during the January webinar. Rather than waiting until February, here is the full question received in the prior webinar and the answer:

When using the discrepancy model, the new standards and indicators manual does not indicate that the "full-scale IQ score" be used nor does it mention "grade level norms" for academic achievement assessments. Are districts allowed to use the General Ability Index (GAI) on the WISC-IV and age level norms on achievement assessments?

The standards and indicators reflect the wording of the federal regulations implementing IDEA: "the child exhibits a pattern of strength and weaknesses in performance achievement or both relative to age, state approved grade-level standards, or intellectual development." While we have eliminated the previous wording in the standards and indicators document that referred to full-scale IQ and the standard scores using grade level norms obtained in each identified area, our guidance in calculating the severe discrepancy has not changed. Districts will use broad achievement scores based on grade-level norms and a full scale IQ score to determine whether there is a 1.5 standard deviation between achievement and intellectual ability. Age can be a consideration but cannot be used as a sole criteria. Both a pattern of strengths and weaknesses in performance and severe discrepancy between academic achievement and ability must be considered. We say both must be considered because using age only would not yield well when a student was retained and had not been exposed to curriculum because it would not be accurate to measure them against things they have not had a chance to learn. Professional judgment can still be use for SLD if the discrepancy does not exist and there is justification that can be documented. Use of the GAI will be researched and considered for the future; however, in the meantime, districts must use the full scale IQ.

5. Are there any guidelines for using RtI with preschool students?

Answer: The resources do not seem to make a distinction between the preschool population and the school age population for purposes of implementing three-tiered models of intervention.

6. If Speech/Language is the primary diagnosis is it always a Related Service?

Answer: No. Speech can be the special education program.

7. If a student is dismissed from services, do they have to requalify for initial eligibility again especially if it is a different diagnosis?

Answer: Yes, if a student previously exited from special education, is now suspected of a disability and being evaluated, he would need to meet the initial eligibility criteria.

8. Are there going to be any more training sessions on transition put on by the state department?

Answer: Yes. Keep your eyes on the SELS messages as this is the vehicle we will use to disseminate information on such training.

9. Regarding the Improvement Grants- will DESE notify us that our Letter of Intent was received?

Answer: Yes, you will receive a letter confirming receipt, and should get that within 2 weeks of the January 7 deadline for submission.

10. If a student is diagnosed as Language Impaired, and received services for Language, would services in the resource room for math be considered as a related service.

Answer: No, this sounds like resource services. If there are specifics you want to go over regarding this student, please call a supervisor in our Compliance Section and they can go over the situation with you.

11. Is there any way to have all questions displayed on the screen as people type them for all to view?

Answer: Yes, but I have chosen to not display them for various reasons (e.g. some people are sending me notes that not everyone needs to read, some people are asking questions that they do not want attributed to them and ask to be anonymous, some questions are individual child questions which I won't answer, etc.)

12. Is there any provision for the district to provide homebound services for students who do not have an IEP, i.e.: medical homebound, pregnancies?

Answer: School districts can, and usually do, provide homebound services to students who are not disabled, for reasons such as surgery, accidents, pregnancies, sickness. There is not statute or regulation that specifically addresses this, but the department does allow these students to be counted for state aid if the level of homebound services is at least 5 hours per week.

13. I know you answered this question already, but I was having trouble hear then. Do you need a Notice of Action for new goals when an IEP is written annually, or is it just when the goals are added to a current IEP?

Answer: Yes, a revision to the goals, whether accomplished at the annual IEP meeting or during another IEP meeting, will trigger a written notice.

14. If a parent of a student with asperger's syndrome chooses to place their child in residential care, will our district be responsible to pay for that service?

Answer: A school district is only responsible for the cost of a residential placement if the placement was the result of an IEP team decision that the child needed that placement in order to receive a free appropriate public education.

15. Student is having surgery, which will require extensive rehabilitative therapy, what is the school district's responsibility with educationally based therapies?

Answer: The school district is not responsible for therapies that are needed for rehabilitation from the surgery; however, it is sometimes hard to distinguish. Ultimately it is an IEP team decision to determine which therapies are needed as a related service. Remember, by definition, a related service is a service that enables a child to benefit from the special education services being provided.

16. Is that child having surgery already an IEP student? There may be no obligation by the school.

Answer: Correct.

17. What if a district is not able to hire an occupational therapist. We have tried for two years and are unable to locate an occupational therapist.

Answer: The school district must implement the IEP. So if the IEP requires OT, the district will need to figure out how to get those services. If the district has been unsuccessful in hiring an OT, it will want to ensure it considered other options (e.g. contracting with a hospital, contracting with an OT from another district, use of a COTA who is supervised by an OT located elsewhere, increasing the advertised salary to entice someone to apply for the position, etc). Additionally, the district will want to ensure that it has documented an intent to provide compensatory services for any OT services not provided during the interim.

18. Does the school district then have to pay for those therapies provided in the IEP, but the parent has chosen outside providers for?

Answer: No. If the parent chooses to have a private provider that they have selected to provide the therapy that is at their own cost, and district needs to document that the reason the district is not providing is because the parent refused your service and notified you that they will have a private provider provide the therapy.

19. What plan is it then? An IEP or ISP?

Answer: There is no context for a Services Plan, as a child receiving a therapy, identified in the IEP, from a private parent provider, is not a private school student.

20. What if our district feels WE can provide these services and the parents chooses to seek outside therapies?

Answer: The parent can still decide to go elsewhere to a private provider for a therapy identified on the IEP.

17. Given the scenario of the student getting private services for those listed on the IEP and no services through the school, do we continue to meet annually and keep the IEP active since the parent has in essence refused our services?

Answer: The prior questions and answers were based on the assumption that we were talking about related services, and that there would still be an IEP providing for special education services. So the IEP would still be in place, with everything you are offering for FAPE, but the IEP would note that the therapy is being provided by a private provider the parent has arranged for because the parent refused to allow the district to provide the therapy.

18. If a student is living with a friend's family but they do not have legal custody, who is invited to the IEP meeting?

Answer: The person the student lives with is treated as the parent, unless the parent of the child has notified the district that they will continue to make the educational decisions. Without an explicit notification by the parent, you assume the parent has implicitly transferred the decision-making to the adult that the child is living with. In these situations it is best to contact the parent by letter and explain that unless you hear otherwise you will assume that the adult the child is living with will be the educational decision-maker.

19. The President has signed the new 2008 education budget that includes a funding increase for IDEA. The budget goes back to October. Will we be receiving an increase this year in our Part B allocation?

Answer: There will not be a Part B funding increase in the current school year. The 2008 education bill refers to the federal fiscal year 2008 which is the state fiscal year 2009. Based on what we know today about the state fiscal year 2009 funding, it appears that we can expect a slight increase in Part B funding of between 2% and 3%. While this is an increase, it does not compare to the large 15-20% increases we have become accustomed to in past years. With a small increase as is forecasted, some districts may not see any increase and could actually receive less Part B funds depending on child counts. As we have been recommending in recent years, school districts should budget conservatively.

20. The child is attending 3 hours for public education and either being homeschooled (??) the rest of the day or is attending private therapies. Are we wrong in offering an ISP or non-public plan in that instance?

Answer: If the child is being home-schooled he is a private school child. Attending therapies would not make him a private school student.

21. We have a parent that wants daily progress reports from all the child's teachers. The IEP states Mid-term, Quarter Progress Report. Are obligated to give them daily reports?

Answer: No. But if the parent has requested this, you will want to ensure the IEP team meets to address the request. A denial by the team of the request would trigger a written notice.

22. What if the parent chooses to send their child to school only 3 out of 7 hours a day? Does that then constitute an ISP or non-public plan?

Answer: It depends on what the child is doing the other 4 hours. If they are receiving home-instruction, they are a private school student. If they are not receiving any other school services (i.e. not attending private school) then they are not meeting the compulsory attendance law. A Services Plan is only used for private school children.

23. Why is it so time consuming and sometimes difficult to get a child determined eligible for services from the state schools for the severely handicapped? Over the years we have referred many students whom have all been ultimately determined to meet eligibility criteria but the process is always very long. We have never sent in a referral that was accepted and approved in a timely manner. Without fail, we are always asked for more information which again delays the process. We have a specific case right now where the parents are very frustrated with the 'waiting game'.

Answer: I am sorry to hear this has been your experience; the norm is a two week turn-around for eligibility determinations. However, sometimes, rather than just reject the referral, SSSH tries to give you an opportunity to supplement what you sent so that they can give you a chance to justify the referral. When this happens, it generally will take as long as is necessary to establish whether the child meets our criteria. Since you have experienced this several times, I strongly recommend you contact SSSH's superintendent Charlie Taylor and discuss the issue; perhaps he and his staff can give you more concrete examples and guidelines for future submissions to ensure SSSH has what it needs to determine eligibility.

24. If a parent chooses to pull their child (with an IEP) out every week for an hour to have private therapy, is this child now considered a part-time student? If so, does that mean they are now considered a private/parochial student?

Answer: A child being pulled out of school for an hour of week for private therapy is not considered a part-time student, nor is he considered a private school student. This seems analogous to non-special education kids who get taken out of school for weekly appointments with various doctors, counselors or psychologists.

25. If the parents waive their 10 day waiting period than you can implement the IEP the next day correct.

Answer: Yes.

26. How can we become involved in this process/stakeholders group, etc. (for the Missouri Integrated Model work)?

Answer: The advisory group we have put together for the January 8 meeting was based on identification of persons from many, many stakeholders. The meeting is a one time meeting. Future meetings on other issues will involve a similar process. If you are interested you will want to let your agency know, or associations you are affiliated with.

27. Our Community College insists that students with Disabilities receive a Cognitive Evaluation before they provide a specific accommodation. Is there any support for that in IDEA, other than what would be included in the Summary of Performance when accommodations are reported.

Answer: No. IDEA does not require this type of evaluation for this type of purpose.

28. Is there a new Model Compliance Plan on the website yet? If so, where can I find it? Looked yesterday and couldn't find it.

Answer: It is not finalized yet. When it is ready, there will be a SELS message announcing the posting on the web.

29. What type of progress has been made on the state model for RtI?

Answer: I think you are referring to the Missouri Integrated Model work. We received a grant from the U. S. Department of Education (SPDG) of \$1.3 million a year for five years, to develop and implement an integrated model. This model will roll a few different three-tiered models of intervention into one: PBS, RTI, PLC, Reading First, and High Schools that Work. The work on this model is a cross divisional project; regular education and special education are collaborating along with stakeholders from many backgrounds. We have contracted with the UMKC to develop the model with this input, and anticipate training modules being completed by next summer and 12 to 15 districts chosen to participate for the first year of implementation.

30. What are your thoughts on APD? Should districts be assessing and diagnosing? How is the State viewing the assessment and diagnosis of?

Answer: APD (auditory processing disorder) is not one of the 13 categories of disability as described in the Individuals with Disabilities Education Act (IDEA). APD is a diagnosis that is typically given by an audiologist and refers to how the central nervous system uses auditory information. An APD diagnosis alone is not sufficient to qualify a child as having a disability under the IDEA. Children with an APD diagnosis may qualify as having a disability under IDEA only if they receive a comprehensive evaluation as required by the IDEA and qualify in one of the 13 categories. The more typical areas in which a child with APD might qualify are Language Impairment and Specific Learning Disability. As with some other conditions that are not specifically included as a qualifying disability under the IDEA (e.g., ADHD, dyslexia), a diagnosis of APD is not required in order for an agency to identify a child as having a disability under the IDEA, so long as the child has received a comprehensive educational evaluation and met the criteria for eligibility as specified in the Missouri State Regulations implementing the IDEA.

A diagnosis of APD is not required for eligibility under the IDEA, so a district would not be required to obtain a diagnosis of APD in order to qualify a child with a disability under the IDEA. Finally, APD is not considered to be a "Health Impairment" as defined by the IDEA, so a child with an APD diagnosis would not qualify under the IDEA category of Other Health Impaired.

31. On a re-evaluation, can you change the diagnosis without retesting.

Answer: Yes. Reevaluation is needed, and as you know, additional testing is not necessarily a part of that. If you have sufficient existing data available to change identification category, then you do not need to retest.

32. We have students that attend alternative programs considered to be adult education, why are these students considered dropouts?

Answer: I am not sure. You may want to contact Tom Ogle at DESE to discuss.

33. It has been my understanding that we should not make any reference, title, code, comment on the transcript of a student that would identify them as a special education student or that they have received credit through special education services. Is this correct?

Answer: I recommend you contact the U.S. Department of Education, Office for Civil Rights (OCR) to discuss. The issue is whether it is discriminatory to make such a notation. I know it is fine to indicate "modified" - but I have heard different answers on the rest from different OCR offices.

34. I was at a meeting this morning that Judevine was also at and they said Gov. Blunt's office called to let them know the governor would be in Cape today to announce increased funding for autism. Have you heard anything about this funding? Is it connected to the Blue Ribbon Panel?

Answer: I have heard about additional funding for Autism; I don't know that it is directly related to the Blue Ribbon Panel's recommendations or just a continuation of the Governor's funding began last year for Autism.

35. What are the next steps by DESE regarding the Blue Ribbon Panel's recommendations?

Answer: We will review the recommendations carefully internally, and determine which we feel we can achieve, which we agree with, which are not possible, etc.

36. On the front page of an IEP, when it asks "Resident District Home School", what do we put if a child receives itinerant services at our public school preschool, but attends a private preschool which is located in our school district?

Answer: The listing of the school on the IEP is not required content under IDEA. It is identified as optional on the state's Model IEP. It was included in the Model primarily because it could be helpful to the district and to us in monitoring for issues like attendance in the school closest to home. From a monitoring perspective, it was also helpful to us in making sure we had a sampling of school buildings and even selecting particular buildings for review and making sure the IEP we were reviewing was representative of a certain school. We still have that issue with focused on-sites, so it is helpful to us, and I think it may be helpful to the district as an administrative tool as well. However the private school child who is not actually a resident but is being served your district, really doesn't fit well into this type of form. You may want to insert "N/A."

37. What legal issues might be involved with offering students with disabilities a differentiated diploma upon graduation from high school? Are there any schools in Missouri that currently offer differentiated diplomas?

Answer: The state board's graduation requirement document, posted on the DESE web site, indicates that students with disabilities should receive a regular diploma if they met the graduation requirements for all kids or if they have met their IEP goals and objectives. If a child ages out, then they would get a certificate of attendance. The issue is more of a civil rights issue of whether you are discriminating against a student with a disability. I don't know of any districts that are giving some kind of differentiated diploma and not following the above.

38. Could you give an example of a good transition goal for Form C?

Answer: See Sample IEPs at this link for examples: <http://www2.ku.edu/~tccop/cgi-bin/cop/?q=node/82>.

*****QUESTION FROM A PRIOR WEBINAR WITH A SUPPLEMENTAL RESPONSE:

"I received a call from Children's Division asking me about school districts completing developmental assessments on all children placed in foster care up to the age of 10 when they enter the school district, the social worker said it was a new mandate for them and wondered if our special education department could do these assessments for them?"

Answer: The head of the Children's Division checked into this, and reported that the staff located at that CD office was in error. CD does not expect school districts to conduct such assessments.